

**AS A PATIENT, YOU HAVE CERTAIN RIGHTS AND RESPONSIBILITIES. OUR PRIMARY RESPONSIBILITY IS TO GIVE YOU THE BEST POSSIBLE HEALTH CARE. WE ENCOURAGE YOU TO UNDERSTAND, COOPERATE AND PARTICIPATE IN YOUR HEALTH CARE. YOUR QUESTIONS, COMMENTS AND SUGGESTIONS ARE WELCOME. WE WILL MAKE EVERY EFFORT TO PROTECT YOUR RIGHTS AS A PATIENT.**

## NOTICE OF PROGRAM ACCESSIBILITY AND NONDISCRIMINATION

Dillon Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, sex or gender identity in its programs, services or activities or on any other basis prohibited by federal, state or local law. Our facility and all of its programs, services, and activities are accessible to and usable by individuals with disabilities, including persons who are deaf, hard of hearing or blind, or who have other sensory impairments.

### YOU HAVE THE RIGHT ...

- To receive kind and respectful care, regardless of your personal values and beliefs, age, sex, race, color, religion, national origin, culture, language, disability, sex, sexual orientation, gender identity or payment source. No one will be denied examination for treatment for an emergency medical condition because of their ability to pay.
- To get complete, current information about your diagnosis, treatment and prognosis from your physician in terms you can understand.
- To know, by name, the physician responsible for your care and/or the physician providing procedures or treatments for you.
- To change providers if other qualified providers if other qualified providers are available.
- To participate in decisions about your care, and to receive from your physician information necessary to give informed consent before the start of any procedure and/or treatment. Except in emergencies, information should include the specific procedure and/or treatment, the medically significant risks involved, the likely length of disability and medically significant alternatives.
- To refuse treatment to the extent permitted by law, and to be informed of the medical consequences if you do refuse treatment.
- To give or to withhold informed consent to produce or use recordings, films or other images of patients for purposes other than their care.
- To be told if your care involves human research or experimental treatment and to refuse to participate in such projects.
- To name a decision-maker for the times when you may not be able to make decisions for yourself, to receive information about formulating or revising an Advance Directive and expect it to be followed when the care is medically appropriate, within the facility's capacity and relevant laws and regulations.
- To be told about pain and pain relief measures, and to participate in the development and implementation of a pain management plan.
- To be free from restraints that are not medically necessary.

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- To express spiritual beliefs and cultural practices, as long as these do not harm others, interfere with treatment or interfere with facility processes.
  - To be involved in ethical questions that come up during your care and to ask for help from the Ethics Committee, which is available to help patients make difficult decisions. Some ethical questions may include refusing CPR, or other life prolonging actions, or stopping life-sustaining treatments, such as a breathing machine or feeding tube.
  - To privacy and confidentiality about your care and medical records.
  - To look at your medical records, request an amendment to them, and to have the information explained, except when restricted by law.
  - To voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal or unreasonable interruption of care. If you wish to file a formal grievance, complaints may be submitted to the Administrator at Dillon Surgery Center, PO Box 6230, Vail, CO 81658. You have the right to speak to the Administrator regarding a complaint or grievance. Call the main number (970) 485-7070 and ask for the Administrator.
  - You have the right to file a grievance with the State of Colorado or other agencies without going through our internal grievance process.
  - To request reasonable accommodation, auxiliary aids or services as needed for individuals with disabilities. Access features include: level access into the first floor with elevator access to other floors, fully accessible offices, restrooms, cafeteria, patient treatment areas, etc. Let the receptionist or your nurse know if you require specific auxiliary aids or services. Complaints regarding discrimination should be directed to the Patient Advocate.
  - To be free from abuse or harassment, and to access protective services, including guardianship and advocacy services, and child or adult protective services.
  - To have a family member, or representative of your choice, and your own physician, notified of your admission to the facility promptly upon request.
  - To have a family member, friend or other individual (regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression) to be present for emotional support during the course of stay unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be your surrogate decision-maker or legally authorized representative.
  - To receive information, at no cost, in a manner you understand including: language interpreters, translation and information written in other languages; and assistive and communication aids including qualified sign language interpreters and readers and written information in other formats (for example, audio, electronic, large print.)
  - To an environment that is safe, secure, comfortable, preserves dignity and contributes to a positive self-image.

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## YOU HAVE THE RESPONSIBILITY ...

- To provide information that facilitates your care, treatment and services.
- To ask questions or acknowledge when you do not understand the treatment course or care decisions.
- To follow instructions, policies, rules and regulations in place to support quality for patients and a safe environment for all individuals in the facility.
- To support mutual consideration and respect by maintaining civil language and conduct in your interactions with staff and licensed independent practitioners.
- To provide a responsible adult to provide transportation home and to remain with him/her as directed by the provider or as indicated on discharge instructions.
- To meet financial obligation.

## PATIENT GRIEVANCE PROCESS

We will do our best to address your patient care, patient rights and safety concerns. If, after working with your caregiver and department director, the resolution is not satisfactory, you may contact the facility Administrator.

### **Dillon Surgery Center**

Phone: 970-485-7070 Fax: 970-485-7039

Mailing Address: PO Box 6230, Vail, CO 81658

You also have access to the state, federal and quality organizations listed below:

### **Colorado Department of Public Health and the Environment**

Health Facilities Division

4300 Cherry Creek Drive South Denver, CO 80222

CDPHE Complaints, 303-692-2827

[cdphe.hfdintake@state.co.us](mailto:cdphe.hfdintake@state.co.us)

### **Department of Regulatory Agencies (DORA)**

1560 Broadway, Suite 1350

Denver, CO 80202

Phone: 303-894-7855 Toll-Free: 800-886-7675

Fax: 303-894-7885

[www.dora.colorado.gov](http://www.dora.colorado.gov)

### **Office for Civil Rights, Washington D.C. (For HIPAA Privacy and Discrimination Issues)**

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

U.S. Department of Health and Human Services 200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019; 800-537-7697 (TDD)

Complaint forms:

<http://www.hhs.gov/ocr/office/file/index.html>

### **Accreditation Association for Ambulatory Health Care**

550 Old Orchard Rd. Suite 200 Skokie, IL 60077

Phone: 847-853-6060

### **Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO)**

Medicare beneficiaries have the right to request a review by the state peer review organization, KEPRO, for quality of care, Medicare written Notice of Noncoverage, or premature discharge concerns. This can be arranged through our patient representative or one of our care managers.

KEPR

5700 Lombardo Center Dr.

Suite 100 Seven Hills, OH 44131

1-844-430-9504

TTY 1-855-843-4776

[www.keproqio.com](http://www.keproqio.com)

*Natural parents and/or legal guardians of babies and children have the same rights and responsibilities as other patients while we are providing care and treatment for a minor child unless otherwise restricted.*